

SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at ethics.counsel@state.tn.us. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

1	a.	a. DATE OF DISCLOSURE November 9, 2007		
	b.	REPORTING PERIOD [check box]: October 1 – March 31 April 1 – September 30		
2.	a.	NAME OF CORPORATION/ENTITY Center for Science in the Public Interes		
	b.	NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS		
	Mic	chael F. Jacobson		
3.	a.	ADDRESS Street or Rural Route City State Zip Code		
	187	75 Connecticut Ave., NW, Ste. 300 Washington, DC 20009		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b.	PHONE NUMBER (202) 332–9110 200 200 200 200 200 200 200 200 200		
4 .	LOB	BYING INTERESTS		
:	a. List the general subject area(s) lobbied, e.g., "healthcare," "insurance," etc			
	b.	Describe the general nature and interest of the entity employing or retaining lobbying services, e.g. "insurance company," "professional association," etc.		
	Non	n-profit education and advocacy organization which works on		
	nut	crition, diet, and related health issues.		

80117 335

and

8. AGGREGATE TOTAL OF ALL IN-STATE EVENTS

State the aggregate total amount of all employer expenditures for all in-State event(s) (e.g., those events to which the employer invited the entire_General Assembly), which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3).

\$ 0.00

9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

best of my knowledge, information and belief.	
Daniera	11/9/07
Signature of Person Completing Report	Date
Signature of Person Completing Report Print Name of Person: Thut ERSON	
7	
I, the undersigned, acknowledge that I have reviewed the foregoing Repaccurate to the best of my knowledge, information and belief.	port and certify that is complete
D. San	11/9/07
Signature of CEO, CFO or Authorized Representative	. Date
Signature of CEO, CFO or Authorized Representative Print Name of Person: 3455	
THE RAIS P CHATES , the undersigned, do hereby witness the ab CFO or Authorized Representative, which	
(A) () (books	

Signature of Witness

Date

